Attoriey's Docket No.: 11560-003US1 Client's Ref. No.: F/USP82704

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and jo

joint inventor (sought on the i	if plural names are listed nvention entitled VACCII	below) of the subject ma	tter which is claimed and which:	d for which a patent is
[] [X]	is attached hereto. was filed on _ as Applicat was described and claime 2 October 2000 and as a	d in PCT International A	pplication No. PCT/GB	00/03758 filed on
	by state that I have review laims, as amended by any			ntified specification,
	owledge the duty to disclored federal Regulations, §		w to be material to pater	ntability in accordance with
I here application(s) l		Title 35, United States	Code, §119(e)(1) of any	United States provisional
	U.S. Serial No.	Filing Date		Status
60/156		September 30, 1999		
60/196	,305	April 12, 2000		
acknowledge the	pplication in the manner part duty to disclose all infolulations, §1.56(a) which be international filing date	rmation I know to be ma ecame available betwee	iterial to patentability as	defined in Title 37, Code
	U.S. Serial No.	Filing Date		Status
PCT/G	B00/03758	October 2, 2000	Pending	
application(s) f country other the for patent or in the United State	nan the United States of A	rtificate or of any PCT in merica listed below and PCT international appli- on the same subject ma	nternational application(s) have also identified belocation(s) designating at l	s) designating at least one ow any foreign application least one country other than
Country	Applica	tion No.	Filing Date	Priority Claimed
				[] Yes
I herel	by appoint the following a	ttorneys and/or agents to	prosecute this applicati	ion and to transact all
business in the	Patent and Trademark Of	fice connected therewith	: ,	\sim

Timothy A. French, Reg. No. 30,175-David L. Feigenbaum, Reg. No. 30,378 William E. Booth, Reg. No. 28,933. John F. Hayden, Reg. No. 37,640

lingale Tollie

Allorie Docket No.: 11560-003US1 Client's Ref. No.: F/USP82704

Date: 22 May 2002

Date: 29/05/02

Combined Declaration and Power of Attorney Page 3 of 3 Pages

MARGARET ANNO GIDNEY

Inventor's Signature:

Residence Address:

Citizenship:

Post Office Address:

National Research Council, Onawa Canadian

Institute for Biological Sciences National Research Council

Ottawa KIA OR6 Canada

Full Name of Inventor.

Inventor's Signature:

Residence Address: Citizenship:

Post Office Address:

ANDREW D. COX

National Research Council, Onawa

British

Institute for Biological Sciences National Research Council

National Research Council, Ottawa

Onawa KIA OR6

JAMES C. RICHARDS

Canada

Full Name of Inventor:

Inventor's Signature: Residence Address:

Citizenship:

Post Office Address:

Institute for Biological Sciences

Canadian

National Rosearch Council

OTLEWE KIA OR6

E. RICHARD MOXON

Canada

Full Name of Inventor:

Inventor's Signature:

Residence Address: Citizenshlp:

Post Office Address:

British

Molecular Infectious Disease Group

Oxford University Department of Paediatrics,

John Radellffe Hospital Oxford OX3 9DU

United Kingdom

20411881.doc

(SBX

MAY 22 2002 08:51

01665 221889

PAGE. 07

12:58

P.005/008

PROF RICHARD MO

P. 686 ·

Attorney's Docket No.: 11560-003US1 Client's Ref. No.: F/USP82704

Combined Declaration and Power of Attorney Page 2 of 3 Pages

Address all telephone calls to TIMOTHY A. FRENCH at telephone number (617) 542-5070.

Address all correspondence to TIMOTHY A, FRENCH at:

FISH & RICHARDSON P.C. 225 Franklin Street Boston, Massachusetts 02110-2804

FAX NO.: 01865

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

1-110	Full Name of Inventor:	JOYCE S. PLESTED	-			1 1
1	Inventor's Signature:	Jaya S. 1	Plated	Date	2	9/5/02
	Residence Address:					
	Citizenship:	British	0,	eford University The Raddi		
	Post Office Address:	Department of Clinical L	mmunology $\mathcal{D}_{\mathcal{C}}$	parmed of	faedi	atrics
		Churchill Hospital	J	The Radeli	ffe 11	DEPTA,
		Headington Oxford OX3-7LJ	O:	extend 0x3	9 DU	GBX
		UNITED KINGDOM		inted lana	dom.	
		OHILL MINODOM	-			
(0)	Full Name of Inventor:	MICHAEL P. JENNING	1 -			1. 1
2-0	1 411 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\) Dat	. 23	5/02
/ `	Inventor's Signature:		_//	Dat	D:	/
	Residence Address:	-St-Lugla, Brisbane QLD Australian			,	
	Citizenship:	Department of Microbiol	loov			
	Post Office Address:	University of Queensland	4			
		St. Lucia	AUX			
		Brisbane QLD 4072	1,			
		AUSTRALIA		•		

Just.

Attorney's Docket No.: 11560-003US1 Client's Ref. No.: F/USP82704

Combined Declaration and Power of Attorney

Page 2 of 3 Pages

Address all telephone calls to TIMOTHY A. FRENCH at telephone number (617) 542-5070.

Address all correspondence to TIMOTHY A. FRENCH at:

FISH & RICHARDSON P.C. 225 Franklin Street Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor:	JOYCE S. PLESTED		
Inventor's Signature:		Date:	
Residence Address:			
Citizenship:	British		
Post Office Address:	Department of Clinical Immunology		
	Churchill Hospital		
	Headington		
	Oxford OX3 7LJ		
	UNITED KINGDOM		
Full Name of Inventor:	MICHAEL P. JENNINGS		
Inventor's Signature:		Date:	
Residence Address:	St. Lucia, Brisbane QLD		
Citizenship:	Australian		
Post Office Address:	Department of Microbiology		
	University of Queensland		
	St. Lucia		
	Brisbane QLD 4072		
	ALICTDALIA		

Attorney's Docket No.: 11560-003US1 Client's Ref. No.: F/USP82704

Combined Declaration and Power of Attorney Page 3 of 3 Pages

Full Name of Inventor:	MARGARET ANN J. GIDNEY		
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	National Research Council, Ottawa Canadian Institute for Biological Sciences National Research Council Ottawa K1A OR6 Canada	Date:	
Full Name of Inventor:	ANDREW D. COX		
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	National Research Council, Ottawa British Institute for Biological Sciences National Research Council Ottawa K1A OR6 Canada	Date:	,
Full Name of Inventor:	JAMES C. RICHARDS		
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	National Research Council, Ottawa Canadian Institute for Biological Sciences National Research Council Ottawa K1A OR6 Canada	Date:	
Full Name of Inventor:	E. RICHARD MOXON		
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	British Molecular Infectious Disease Group Oxford University Department of Paediatrics, John Radcliffe Hospital Oxford OX3 9DU United Kingdom	Date:	

20411881.doc